

Toll-Free Number () E-Mail Address

LICENSE APPLICATION

How many **REGISTERED TECHNICIANS** do you have at this location? _____

List **names** and **home addresses** of these technicians:

**Reg. Card
Expires**

(use additional sheet if necessary)

TESTING EQUIPMENT:

ATTACH CERTIFICATION REPORT WITH APPLICATION

Small Weight Kits _____ (Small Capacity Scale Testing)

To Whom Assigned _____

Weight Trucks _____ Total Weight of Test Weights per Vehicle _____
(Number)

Gross Weight Per Vehicle (Buildups) _____

Provers _____ Size of Provers in Gallons _____
(Number)

Date weights and provers were tested: _____
(To be certified every 365 days)

Certified by whom: _____
(Must be a NIST Approved Laboratory)

Do you have a **current** issue of NIST Handbook 44? Yes _____ No _____

Current issues can be ordered from the U.S. Government Bookstore, Bannister Mall, 5600 E. Bannister Road, Kansas City, MO 64137, Telephone No. (816) 765-2256, or by joining the National Conference on Weights and Measures.

All technical representatives for scales and meters are required to attend a training school and pass a written examination.

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“I hereby agree that if this application is approved and the license is granted, we will not remove rejection tags from a device unless the device is in full compliance with Handbook 44, is accurate, and meets all Kansas Requirements, nor issue a) **Device Installation Report (DI-701)** on new equipment that does not have an NTEP Certificate of Conformance. **Test reports must be received within 10 days at the Weights and Measures Office. Device Installation Reports must be submitted with the test report.**”

“No person in my employ will be allowed to inspect or test weighing or measuring devices unless they are registered technicians. I further agree that the Kansas Department of Agriculture may suspend or revoke my license for good cause, **WHICH MAY INCLUDE DECEPTIVE BUSINESS PRACTICES**, after a hearing thereon. Should my license be suspended or revoked, I will surrender it immediately to the Weights and Measures Office..

I FURTHER AGREE THAT A DECAL OR SEAL WILL BE PLACED ON EACH DEVICE SHOWING NAME OF SERVICE COMPANY AND DATE OF TEST.”

Name of Owner or Manager

Official Signature

DO NOT WRITE IN THIS SPACE

The weights or measures to be used by the above company were certified on _____, 20____.

State Metrologist

The application for license is: Approved_____ Rejected_____.

Dated_____, 20_____.

Director

License Number Issued_____ Date Issued_____